MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-001473

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 173 STATE FILE NUMBER

FILED JAN 28 1963

DO NOT WRITE ON THIS STUB — AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	INSTEAD OF	SHOULD READ	DATE AMENDED

BY AFFIDAVIT OF Hugh W. Mc Caughey DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City
Length of stay in 1b: 2 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Lukes Hospital
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Kansas b. COUNTY: Johnson
c. CITY OR TOWN: Merriam
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 9009 West 60th Terrace
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Samuel Middle: Merriman Last: Burkhead

4. DATE OF DEATH: Month, Day, Year: January 10, 1963

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 7-25-1871

9. AGE (last birthday): 91
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (City and state or country): Decatur, Illinois

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Joshua Burkhead

13b. MOTHER'S MAIDEN NAME: Anna Susan Johnson

14. NAME OF HUSBAND OR WIFE: Mrs. Olive Burkhead

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ------

16. SOCIAL SECURITY NO.:

17. INFORMANT: 9009 West 60th Ter.
Mrs. Olive Burkhead, Merriam, Kansas

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic Heart Disease - Infarction of myocardium
INTERVAL BETWEEN ONSET AND DEATH: 4 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

MEDICAL CERTIFICATION

21. I attended the deceased from ____ to ____ and last saw her/him alive on ____
Death occurred at 6:20 P. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Hugh W McCaughey MD

22b. ADDRESS: 5615 Johnson Dr Mission Kansas

22c. DATE SIGNED: Jan 11 1963

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1-11-63

23c. NAME OF CEMETERY OR CREMATORY: Centerville Cemetery

23d. LOCATION (City, town, or county) (State): Centerville, Kansas

24. FUNERAL DIRECTOR: D.W. Newcomer Sons

ADDRESS: 1391 Brush Creek, Kansas City, Mo.

25. DATE RECD. BY LOCAL REG.: 1-11-63

26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed [signature]

Licensed Embalmer No. 4696

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.